

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10/542265</div> | FILING DATE | | | | | |
|--|----------|------|------------------------|------|------------------------|------|--|--------------|------|------------------------|------|------------------------|------|
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | | 51 | | | | | |
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| 50 | | | | | | | | 100 | | | | | |
| TOTAL IND. | | ↓ | 3 | ↓ | | ↓ | | TOTAL IND. | | ↓ | | ↓ | |
| TOTAL DEP. | | ← | 12 | ← | | ← | | TOTAL DEP. | | ← | | ← | |
| TOTAL CLAIMS | | | 15 | | | | | TOTAL CLAIMS | | | | | |